# M10000003900

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
WH-36794					

Office Use Only



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M10 - 3900

08/04/10--01026--014 \*\*125.00

Out of State



N. CAUSSEAUX

SEP - 2 2010

**EXAMINER** 

#### **COVER LETTER**

	gistration Section vision of Corporations						
SUBJECT: BLONDE HOUSING, LLC							
	Name of Limited Liability Company						
The enclose Existence, a	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nd check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please retur	n all correspondence concerning this matter to the following:						
	RAYMOND J. RAFOOL, ESQUIRE						
Name of Person							
RAYMOND J. RAFOOL, LLC							
	Firm/Company						
	95 MERRICK WAY, SUITE 610						
	Address						
	CORAL GABLES, FLORIDA 33134						
	City/State and Zip Code						
	LINDADOLLEA OMANIL COM						
	LINDABOLLEA@YMAIL.COM  E-mail address: (to be used for future annual report notification)						
For further	nformation concerning this matter, please call:						
	RAYMOND J. RAFOOL at ( 305 ) 567-9400						
	Name of Person Area Code & Daytime Telephone Number						
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327  lahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed	s a check for the following amount:						
<b>V</b>	\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & \bigcup \$155.00 Filing Fee & \bigcup \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy						



August 5, 2010

RAYMOND J. RAFOOL, ESQ 95 MERRICK WAY SUITE 610 CORAL GABLES, FL 33134

SUBJECT: BLONDE HOUSING, LLC

Ref. Number: W10000036794

We have received your document for BLONDE HOUSING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 410A00018855

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	BLONDE HOUSING, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
	N/A					
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")					
2.	WYOMING  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)					
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	07/08/2010 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	N/A					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	95 MERRICK WAY, SUITE 610					
	CORAL GABLES, FLORIDA 33134					
	(Street Address of Principal Office)					
8.	If limited liability company is a manager-managed company, check here					
9.	The name and usual business addresses of the managing members or managers are as follows:					
	LINDA BOLLEA					
	PO BOX 348310					
	MIAMI, FLORIDA 33234					
th	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a custom of the certificate under oath of the translator must be submitted.)</li> </ol>					
1 !	Nature of business or purposes to be conducted or promoted in Florida: Business.					
	Linda Bollea					
	Signature of a member or an authorized representative of a member.					
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
	LINDA M. POLLEA					

Typed or printed name of signee

#### CERTIFICATE ÓF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of	the Limited	Liability Company is:	
	0.			

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position or registered agent as provided for in Chapter 608, Florida Statutes.

/Filing Fee for Application \$ 100.00

25.00 / Designation of Registered Agent

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **BLONDE HOUSING, LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 8, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000586886**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of August, 2010 at 8:21 AM. This certificate is assigned 008063727.



Mas Massiello
Secretary of State

FILED

10 SEP -2 PM 12: 55

SECRETARY OF STATE
SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.